

**Briefing Statement of
Vanessa J. Tobin, Chief
Water, Environment and Sanitation, UNICEF**

**“The Global Water Crisis: Evaluating U.S. Strategies to
Enhance Access to Safe Water and Sanitation”**

**House Committee on International Relations
United States Congress
Washington, D.C.**

June 29, 2005

Chairman Hyde, distinguished members of the House Committee on International Relations, thank you for inviting me to address you today on the status of the global water crisis and its impact on children.

Mr. Chairman, much progress has been made in the provision of water and sanitation since 1990. Both water and sanitation coverage rates have increased, and more than a billion people have gained access to improved drinking water and sanitation facilities. However, there are still 2.6 billion people without improved sanitation facilities – over half of the developing world’s population – and 1.1 billion still using water from unimproved sources.

Let us not forget that, although 83 percent of the population of developing countries has access to improved drinking water sources, only 42 percent of that population has access to water through a household connection or a yard tap. In most developing countries, the definition of “access to water” is an improved water source at a distance of less than one kilometer from the house that provides a minimum of 20 liters per person per day – that is one bucket of water for each family member each day.

We still have the challenge of ensuring that water provided is safe. In many developing countries, there is still insufficient attention given to regular water quality monitoring, particularly for rural areas. There may be another one billion people who lack access to safe water that is free from both microbial and chemical contamination.

Africa, home to about 13 percent of the world’s population, remains the greatest challenge globally in accelerating access to both water and sanitation services. Large displaced and refugee populations, countries in conflict, and the HIV/AIDS pandemic exacerbate this situation. In 2002, in sub-Saharan Africa, approximately 42 percent of the population did not have easy access to a safe water supply, and about 64 percent did not have access to basic sanitary facilities.

In many countries in Africa, there are graveyards of broken and abandoned water supply systems, obsolete drilling rigs, and inappropriate systems. We cannot afford to repeat past mistakes in planning and constructing water supply systems that are not easily maintained. Existing financial resources for the water sector in Africa are still too heavily allocated to upgrading services for the already-served high and middle income population – rather than supporting sustainable services for the poorest and most vulnerable.

Inadequate and unsafe water, poor sanitation, and unsafe hygiene practices are the main causes of diarrhea, and diarrhea is the second largest killer of children under five years of age. Diarrhea is also linked to malnutrition; persistent diarrhea episodes can cause and exacerbate severe malnutrition and result in long-term growth stunting. Lack of adequate water, sanitation and hygiene are also linked to many other serious diseases that kill and stunt the development of children, including helminth infections,¹ Guinea Worm disease, trachoma, fluorosis and arsenicosis. HIV/AIDS, for example, is intricately linked with water and sanitation, as unhygienic environments and poor hygiene practices result in chronic diarrhea, which is a leading cause of death in people living with HIV/AIDS and is associated with further depression of the immune system and an increase in opportunistic infections.

Poor access to water particularly affects women and girls, who are typically responsible for provision of water in the household and maintaining a hygienic environment. This means that where adequate services are not available, the burden of fetching water, often from long distances, falls disproportionately on women and children.

Water availability in households is an important factor in the enrolment, attendance and dropout rates of children. In areas where safe water sources are distant, girls – and sometimes boys² – are often obliged to miss school to help fetch water. This is most often seen in African countries with low water coverage rates,³ but this situation has also been documented in various countries in Asia, the Middle East, and Latin America.⁴

Illness caused by poor sanitation and hygiene conditions in communities can also have a significant impact on education. Helminth infections – including roundworm, hookworm and schistosomiasis – affect about 400 million school-aged children a year.⁵ These parasites aggravate malnutrition and retard children's physical and mental development. Helminth infections have been shown to have a significant negative impact on school attendance⁶ and on the ability to learn.⁷

¹ Helminth is a worm classified as a parasite. Common helminthes include roundworm, tapeworm, pinworm, fluke, and trichina spiralis.

² Boys are usually more involved in watering cattle, girls in hauling water for household use.

³ For example, in Ethiopia (WaterAid, 2001) and Nigeria (UNICEF Country Office Annual Report, Nigeria)

⁴ Guarcello *et al*, 2004, and others

⁵ World Bank, 2001 and other sources (e.g. De Benoist and Ling. *Anaemia in school-aged children*, 1998)

⁶ Nokes and Bundy, 1993.

⁷ Partnership for Child Development, 2002; Sakti *et al*, 1999

The 2000 Millennium Declaration commits governments around the world to a clear agenda for combating poverty, hunger, illiteracy, disease, discrimination against women and environmental degradation. Target 10 of Goal 7 (ensuring environmental sustainability) is to reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation. Like all targets, it is time-bound, to be met by 2015.

The “Decade of Water for Life” was launched by United Nations in New York in March this year. The Decade calls for a commitment to action in order to halve by 2015 the number of people with no access to safe water or basic sanitation, in line with the Millennium Development Goals.

A recent assessment shows that progress towards the MDG drinking water and sanitation targets is mixed. Even if the MDGs are met in full by 2015, it is sobering to realize that there will still approximately 850 million people without access to safe water, and 1.85 billion without access to improved sanitation facilities. It is, therefore, important to underline that while UNICEF is fully committed to achieving MDG target 10, this is only a milestone on the road to achieving the goal of **universal** access to water and sanitation. This will require at least one full decade after the MDG target date of 2015, and it will require a sharply increased effort from present levels.

Estimates of the additional (over and above current spending) costs of meeting the MDGs vary widely, from US\$7 billion to US\$30 billion per year. What is clear is that total Official Development Assistance (ODA) to the sector (at approximately US\$3 billion per year) is currently less than half this minimum figure. Of this ODA, the bulk goes to middle income countries, while only 12 percent goes to those countries in which less than 60 percent of people have access to an improved water source. Increasing resources is only part of the solution – we must also work to ensure that Governments are prioritizing services for the poorest, rather than continuing to allocate resources on the basis of “all for some rather than some for all.”

The recent publication released by UNICEF and WHO in May 2005, “Water for Life: Making it Happen,”⁸ makes clear that achieving the target of the Millennium Development Goals (MDGs) for access to safe drinking water and basic sanitation will bring a payback worth many times the investment. Such access brings health and dignity, and will transform the lives of millions of the world’s poorest people. The humanitarian case for action is blindingly apparent. The economic case is just as strong.

The long-term cost to society of not meeting the MDG water and sanitation targets is several times greater than the cost of constructing the water and sanitation systems required. A recent comprehensive cost-benefit analysis study showed that the investment return – in measurable socioeconomic benefits – would be a minimum of three dollars on every dollar spent improving water and sanitation services. In some cases, the return would be as high as \$34 for every dollar spent. WHO estimates that if everyone had access to basic water and sanitation

⁸ View this report on the UNICEF website at http://www.unicef.org/media/files/JMP_05_text.pdf

services, the health sector would save more than US\$11 billion in treatment costs, and people would gain 5.5 billion productive days each year due to reduced diarrheal disease.

UNICEF supports water, sanitation and hygiene activities in more than 90 countries. The largest water, sanitation and hygiene country programs are concentrated in Africa and Asia. The current staff level is 210 professionals, and expenditure was \$160 million in total in 2004, which was 12 percent of total UNICEF program expenditure. Of this expenditure, 52 percent was for emergencies

Working directly with community-based organizations and communities and families themselves, UNICEF helps to ensure that households have access to a clean and secure supply of water and safe and convenient sanitary facilities, primarily focusing on support to poor rural communities. Through hygiene promotion and environmental sanitation programs, UNICEF works towards maximizing the health benefits, focusing in particular on the survival, growth and development of young children.

UNICEF also works to make schools healthier and more attractive to children, especially girls, through school-based water, sanitation and hygiene programs. Healthier children are more effective learners, and girls who spend less time fetching water have more time for school. In more than 70 countries, we are helping to build separate and decent sanitation facilities in schools that reduce dropout rates, especially among girls. And hygiene promotion in schools creates conditions where children themselves are agents of change in their families and communities.

In emergency situations, safe water and sanitation is critical. UNICEF frequently takes the lead in the provision of water and sanitation services in crises around the world, including in tsunami-affected countries.

Today, our current strategic focus is also on supporting the development of enabling policy environments, institutional capacity building, the development and demonstration of new programme approaches, and support and advice to governments and implementing agencies.

UNICEF learned from experience that the following aspects make a real difference when targeting the poorest:

- Involvement of the communities particularly women, in the planning and management of water supply services;
- Using simple and low-cost technologies that could be maintained by the communities with technical support when needed by a mandated and accountable agency;
- Paying equal attention to water supply, sanitation and hygiene; and
- Having supportive policies and budgetary allocations to support decentralized management of rural water supply and sanitation services are critical to success.

The experience, expertise and credibility built over 40 years of working with governments and communities gives UNICEF a unique position in the sector. In many countries, UNICEF is one of the few agencies that work both at the field level with communities, and also provide continuous support to governments at the national level. This gives UNICEF a “place at

the table” to advocate for change when necessary, and the in-country evidence on which to base its recommendations. UNICEF has expertise and a track record in producing results that count.

To summarize, development and poverty reduction are not possible without safe and reliable water supplies for household use and for small-scale productive use including household vegetable production and livestock; access to, and regular use of, safe sanitation facilities; habitual hand-washing and other key hygiene practices; and a healthy, hygienic environment.

Mr. Chairman, the “Water for the Poor Act of 2005” will make this crucial development priority a specific policy objective of United States foreign assistance programs, and ensure that resources are allocated to meeting these basic needs, which are consistently cited as development priorities by communities themselves.

The findings and strategy contained within the Act are sound with regard to the analysis of the problem and to the methods outlined to reach the poorest in a sustainable and coordinated manner. UNICEF is committed in working with the United States Government to support Governments and partners in extending water supply and sanitation services to those most in need to truly make a difference in the lives of the poorest.

Thank you.

Vanessa J. Tobin